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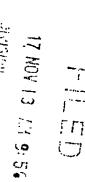
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GRANNYS SOUTHON SCREET VVC Name of Limited Liability Company
. The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
JAVARUS CLAUW Name of Person
GRAWYS SOUTHEN STIFF LLC
3140 PAWLEYS LOOD
S7 CLOWN, FL 34769 Criv/State and Zip Code
granyssathern smokehovse angil com final address: (to be used for future annual report position)
For further information concerning this matter, please call:
TAMUS Brown at (407) 729-3694 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations Division of Corporations Clifton Building Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32314 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CREANING SOUTHER	EN SCILET	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document numberL15000167952	pany were filed on	and assigned
This amendment is submitted to amend the following:		皇主 元
A. If amending name, enter the new name of the limited	liability company here:	7104
GLAMN'S SOUTHERN SMC The new name must be distinguishable and contain the words "Limited I	DKE HOUSE LLC Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u>ئ</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3140 fawleys 1 ST. CLOUD, FL	099 34769
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	laZir Code
	VIII	Elf Court

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = M$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□ Add
			Remove
			17 Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			☐ Remove
			Change
			□ Remove
			Change

CHANGING BU	SINKSS NAME FROM	
GRANNYS SOL	THEEN SEGLY LLC to	<u>, C</u>
		22
		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
		•
		
	e specific and cannot be prior to date of filing or more to k does not meet the applicable statutory filing rec	
ord specifies a delayed of 90th day after the recor	effective date, but not an effective timed is filed.	e, at 12:01 a.m. on the earl
11-8-17		
	(m/2) -	
-	enature of a member or authorized representative of a	member

Page 3 of 3

Filing Fee: \$25.00